

## Page 1 of 1

CLAIMANT'S NAME
-----------------

CLAIMANT'S NAME			SSAN OR EMPLOYEE NUMBER		DEPARTMENT	
Matthew David					Governor's Office	
POSITION		CB/ID NUMBER	DIVISION OR BUREAU			INDEX NUMBER
Deputy Chief of Staff			Communications			
RESIDENCE ADDRESS			HEADQUARTERS ADDRESS			TELEPHONE NUMBER
			State Capitol			
CITY	STATE	ZIP	CITY	STATE	ZIP	
			Sacramento	California	95814	

MONTH/YEAR		LOCATION WHERE EXPENSES WERE INCURRED	LODGING	MEALS			INCIDENTALS	TRANSPORTATION				BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
DATE	TIME			BREAKFAST	LUNCH	DINNER		COST OF TRANS.	TYPE USED	CARFARE, TOLLS, PARKING	PRIVATE CAR USE		
										MILES	AMOUNT		
7-Oct	7pm	San Francisco	218.45			18.00					0.00		236.45
8-Oct	12pm	Sacramento									0.00		0.00
											0.00		0.00
26-Oct	6pm	Sac > LA	169.86								0.00		169.86
27-Oct		LA	169.86	6.00			6.00		12.45		0.00		194.31
28-Oct	12pm	LA > Sac									0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
SUBTOTALS			558.17	6.00	0.00	18.00	6.00	0.00	0.00	12.45	0	0.00	0.00
COLUMN CODE (ACCTG. USE ONLY)													
CLAIM TOTAL												364.17	<del>\$600.62</del>

PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required)

Staffing for Annual Community College Leadership Congress; Staffing for LB Women's Conference;

## NORMAL WORK HOURS

PRIVATE VEHICLE LICENSE NUMBER

MILEAGE RATE CLAIMED

0.445

AGENCY ACCOUNTING OFFICE

USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

I HEREBY CERTIFY, That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE

DATE \_\_\_\_\_

SIGNATURE OF OFFICER - 444 -

DATE

11/23/09

SIGNATURE OF TITLE OF AUTHORITY FOR SPECIAL EXPENSES

DATE	
------	--